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CONFIRMATION NO. 7526

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SERIAL NUMBER 09/713,001	FILING DATE 11/17/2000 RULE	CLASS 700	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. 00-069
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 60/226,830 08/22/2000 *Yes KT 10/20/04*
 and is a CIP of 60/243,153 10/25/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/17/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
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ADDRESS
 22927
 WALKER DIGITAL
 FIVE HIGH RIDGE PARK
 STAMFORD , CT
 06905

TITLE
 System for vending physical and information items

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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